

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
HEALTH AND RECOVERY SERVICES ADMINISTRATION  
Olympia, Washington**

**To:** Hearing Aid Providers  
Managed Care Organizations

**Memorandum No: 06-44**  
**Issued:** June 29, 2006

**From:** Douglas Porter, Assistant Secretary  
Health and Recovery Services  
Administration (HRSA)

**For information contact:**  
800.562.3022 or go to:  
<http://maa.dshs.wa.gov/contact/prucontact.asp>

**Subject: Hearing Aids and Services: Fee Schedule Changes**

**Effective for dates of service on and after July 1, 2006**, the Health and Recovery Services Administration (HRSA) will implement:

- A one percent (1%) vendor rate increase; and
- Reinstatement of the Healthcare Common Procedure Coding System (HCPCS) codes for programmable analog and digital hearing aids.

### **Maximum Allowable Fees**

The 2006 Washington State Legislature appropriated a one percent (1%) vendor rate increase for the 2007 state fiscal year. The maximum allowable fees have been adjusted to reflect these changes.

Visit HRSA's web site at <http://maa.dshs.wa.gov>. To view a current fee schedule, click **Provider Publications/Fee Schedules**, then **Accept**, then **Fee Schedules**.

Bill HRSA your usual and customary charge. Payment will be the lesser of billed charges or the maximum allowable fee.

### **Reinstated Codes**

HRSA will resume the use of HCPCS codes V5246, V5247, V5252 and V5253 for programmable analog and digital hearing aids.

### **Higher Powered Hearing Aids Hearing Aid Criteria**

HRSA pays for a high powered hearing aid for adults and children when there is progressive hearing loss or severe-profound hearing loss in the ear that is being aided, and must include the following:

- A directional microphone; and
- An internal noise control; and
- A feedback control cancellation (not feedback management); or

- A more powerful aid can be analog or digital and must be digitally programmable.

The following procedure codes are specific to higher powered hearing aids: V5050, V5060, V5130, V5140, V5246, V5247, V5252 and V5253.

### **Higher Powered Hearing Aids Client Criteria**

In order to qualify for a higher powered aid, the client **must** meet the following criteria:

- An average of 50 average decibel hearing loss (dBHL) in the better ear, along with the following:
  - Average of 90 dBHL in the ear that is being aided; or
  - Progressive hearing loss of more than 20 dBHL average pure tone frequency on subsequent audiograms. Verification must be kept in the client's records.

### **Place of Service**

**Reminder: Effective July 1, 2006**, all claims submitted to HRSA must include the appropriate Medicare **two-digit place of service code**. Claims with a single-digit place of service code will be denied.

### **National Correct Coding Initiative**

HRSA continues to implement the National Correct Coding Initiative (NCCI) policy. The Centers for Medicare and Medicaid Services (CMS) created this policy to promote national correct coding methods. NCCI assists HRSA to control improper coding that may lead to inappropriate payment. HRSA bases coding policies on:

- The American Medical Association's (AMA) Current Procedural Terminology (CPT®) manual;
- National and local policies and edits;
- Coding guidelines developed by national professional societies;
- The analysis and review of standard medical and surgical practices; and
- Review of current coding practices.

HRSA may perform a post-pay review on any claim to ensure compliance with NCCI. Visit the NCCI on the web at <http://www.cms.hhs.gov/physicians/cciedits>.

### **Billing Instructions Replacement Pages**

Attached are updated replacement table of contents, coverage table, authorization, fee schedule pages and new appendix for HRSA's current *Hearing Aids and Services Billing Instructions*.

## Contact Information

### Send reimbursement issues, questions, or comments to:

Hearing Aids and Services Rates Manager  
Professional Reimbursement Section  
Division of Business and Finance  
PO Box 45510  
Olympia, Washington 98504-5510  
360.725.1853  
Fax # 360.753.9152

### Send authorization issues, questions, or comments to:

Hearing Aids and Services Program Manager  
Health and Recovery Services Administration  
Division of Medical Management  
PO Box 45506  
Olympia Washington 98504-5506  
360.725-1582  
Fax # 360.586.1471

## How do I conduct business electronically with HRSA?

You may conduct business electronically with HRSA by accessing the WAMedWeb at <http://wamedweb.acs-inc.com>.

## How can I get HRSA's provider documents?

To obtain HRSA's provider numbered memoranda and billing instructions, go to HRSA's website at <http://maa.dshs.wa.gov> (click on the **Billing Instructions/Numbered Memoranda** or **Provider Publications/Fee Schedules** link).

To request a free paper copy from the Department of Printing:

1. **Go to:** <http://www.prt.wa.gov/> (Orders filled daily.)
  - a) Click **General Store**.
  - b) If a **Security Alert** screen is displayed, click **OK**.
    - i. Select either **I'm New** or **Been Here**.
    - ii. If new, fill out the registration and click **Register**.
    - iii. If returning, type your email and password and then click **Login**.
  - c) At the **Store Lobby** screen, click **Shop by Agency**. Select **Department of Social and Health Services** and then select **Health and Recovery Services Administration**.
  - d) Select **Billing Instructions, Forms, Healthy Options, Numbered Memo, Publications, or Document Correction**. You will then need to select a year and then select the item by number and title.
2. **Fax/Call:** Dept. of Printing/Attn: Fulfillment at FAX 360.586.6361/telephone 360.586.6360. (Orders may take up to 2 weeks to fill.)

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# Hearing Aids and Services Coverage Table

## Hearing Aids for Adults (21 or older)

Adults must meet the eligibility and criteria outlined in the *Hearing Aids and Services Billing Instructions*. HRSA uses the following methodology to determine the dBHL: the sum of the dBHL readings are determined at each level/frequency at 1,000, 2,000, 3,000 and 4,000 Hertz (Hz) and divided by 4.

**Note:**

- For codes V5256, V5257, V5260 and V5261, the client **must** have an average hearing loss of 50 dBHL or greater, in the better ear. If billing for a second hearing aid, EPA is required.
- For codes V5050, V5060, V5130, V5140, V5246, V5247, V5252 and V5253, the client and hearing aid (for the aided ear) must meet the outlined criteria for higher powered hearing aids in Section E.

### Hearing Aid, Repair/Modification

Code Status Indicator	Procedure Code	Modifier	Description	PA	Policy/ Comments
	V5014	RT, LT or RP (for casing only)	Repair/modification of a hearing aid		Includes parts and labor. Replacement of casing allowed once every 5 years. Maximum of 2 repairs in 1 year. Use when billing for repair of an <b>analog hearing aid</b> .
		RT, LT or RP (for casing only)			When billing for repair of a <b>digital hearing aid</b> , use V5014 with EPA 870001021. Replacement of casing allowed once every 5 years. Maximum of 2 repairs in 1 year.

### Hearing Aid, Body Worn, Monaural (one aid)

	V5030	RT, LT, or RP	Hearing aid, monaural, body worn, air conduction		
	V5040	RT, LT, or RP	Hearing aid, monaural, body worn, bone conduction		

\* Prior Authorization Required (Y=Yes)

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## Hearing Aids & Services - Adult

Code Status Indicator	Procedure Code	Modifier	Description	PA	Policy/ Comments
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### Hearing Aid, Body Worn, Binaural (two aids)

	V5100		Hearing aid, bilateral, body worn	Y	
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### Hearing Aid, Regular Digital, Monaural (one aid)

	V5256	RT, LT, RP	Hearing aid, digital, monaural, ITE		(For average hearing loss 50 dBHL or greater. If billing for a second hearing aid, EPA is required. See page E.6 – E.7.)
	V5257	RT, LT, RP	Hearing aid, digital, monaural, BTE		(For average hearing loss 50 dBHL or greater. If billing for a second hearing aid, EPA is required. See page E.6 – E.7.)

### Hearing Aid, Regular Digital, Binaural (two aids)

	V5260		Hearing aid, digital, binaural, ITE	Y	(For average hearing loss 50 dBHL or greater. Do not bill in conjunction with monaural hearing aid within 5 years.)
	V5261		Hearing aid, digital, binaural, BTE	Y	(For average hearing loss 50 dBHL or greater. Do not bill in conjunction with monaural within five years.)

### Hearing Aid, Higher Powered, Monaural (one aid)

	V5050	RT, LT, RP, RR	Hearing aid, monaural, in the ear		(Client and hearing aid must meet criteria outlined for a higher powered hearing aid. If billing for a second hearing aid, EPA is required. See page E.6 – E.7.)
	V5060	RT, LT, RP, RR	Hearing aid, monaural, behind the ear		(Client and hearing aid must meet criteria outlined for a higher powered hearing aid. If billing for a second hearing aid, EPA is required. See page E.6 – E.7.)

\* Prior Authorization Required (Y=Yes)

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## Hearing Aids & Services - Adult

Code Status Indicator	Procedure Code	Modifier	Description	PA	Policy/ Comments
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### Hearing Aid, Higher Powered, Binaural (two aids)

	V5130		Binaural, in the ear	Y	(Client and hearing aid must meet criteria outlined for a higher powered hearing aid. Do not bill in conjunction with monaural hearing aid within five years.)
	V5140		Binaural, behind the ear	Y	(Client and hearing aid must meet criteria outlined for a higher powered hearing aid. Do not bill in conjunction with monaural hearing aid within five years.)

### Hearing Aid, Higher Powered, Digitally Programmable, Monaural (one aid)

N	V5246	RT, LT, RP	Hearing aid, digitally programmable analog, monaural, ITE		(Client and hearing aid must meet criteria outlined for a higher powered hearing aid. If billing for a second hearing aid, EPA is required. See page E.6 – E.7.)
N	V5247	RT, LT, RP	Hearing aid, digitally programmable analog, monaural, BTE		(Client and hearing aid must meet criteria outlined for a higher powered hearing aid. If billing for a second hearing aid, EPA is required. See page E.6 – E.7.)

### Hearing Aid, Higher Powered, Digitally Programmable, Binaural (two aids)

N	V5252		Hearing aid, digitally programmable, binaural. ITE	Y	(Client and hearing aid must meet criteria outlined for a higher powered hearing aid. Do not bill in conjunction with monaural hearing aid within five years.)
N	V5253		Hearing aid, digitally programmable, binaural. BTE	Y	(Client and hearing aid must meet criteria outlined for a higher powered hearing aid. Do not bill in conjunction with monaural hearing aid within five years.)

\* Prior Authorization Required (Y=Yes)

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## Hearing Aids & Services - Adult

Code Status Indicator	Procedure Code	Modifier	Description	PA	Policy/ Comments
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### Replacement Ear Molds

	V5264	RP	Ear mold/insert, not disposable, any type		<p>HRSA covers replacement of ear molds as follows:</p> <ul style="list-style-type: none"> <li>• Once a year for soft ear molds; and</li> <li>• Once every three years for hard ear molds.</li> </ul> <p>Initial and replacement hearing aid(s) includes ear mold. Do not bill separately within one year.</p>
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**Note:** After using one hearing aid for 6 months, only a monaural procedure code will be authorized. Billing a binaural code in conjunction with monaural code within 5 years is not allowed without justification and prior authorization.

Bill your usual and customary charge.

Payment will be the lesser of billed charge or the maximum allowable fee.

\* Prior Authorization Required (Y=Yes)

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# Hearing Aids for Children

To receive payment from HRSA, hearing aids, equipment and services for clients 0-20 years of age, must be medically necessary, meet the eligibility and criteria in section D of these billing instructions. Claims for Children with Special Health Care Needs (CSHCN), **who are 0-17 years of age**, are required to have a CSHCN stamp and the coordinator's initials. For clients ages 18 through 20, the CSHCN stamp is not required.

The CSHCN stamp with CSHCN coordinator signature should be in *field 23* of the HCFS/CMS-1500 claim form. The CSHCN coordinators' initials must be in *field 24k* on each detail line of the HCFA/CMS 1500 claim form for all hearing aids and services.

The following procedure codes are the only procedure codes HRSA pays for under the Hearing Aids and Services program.

## Hearing Aid, Repair/Modification

Code Status Indicator	Procedure Code	Modifier	Description	Policy/ Comments
	V5014	RT, LT or RP (for casing only)	Repair/ modification of a hearing aid	Includes parts and labor.  Use when billing for repair of an <b>analog hearing aid</b> . Maximum of two repairs in one year.
		RT, LT or RP (for casing only)	Repair/ modification of a hearing aid	When billing for repair of a <b>digital hearing aid</b> , use V5014 with EPA 870001021. Maximum of two repairs in one year.

## Hearing Aid, Body Worn, Monaural (one aid)

	V5030	RT, LT, or RP	Hearing aid, monaural, body worn, air conduction	
	V5040	RT, LT, or RP	Hearing aid, monaural, body worn, bone conduction	

## Hearing Aid, Body Worn, Binaural (two aids)

	V5100		Hearing aid, bilateral, body worn	
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**Hearing Aid, Regular Digital, Monaural (one aid)**

	V5256	RT, LT, RP	Hearing aid, digital, monaural, ITE	(Use when client and hearing aid does not meet the criteria for a higher powered aid.)
	V5257	RT, LT, RP	Hearing aid, digital, monaural, BTE	(Use when client and hearing aid does not meet the criteria for a higher powered aid.)

**Hearing Aid, Regular Digital, Binaural (two aids)**

	V5260		Hearing aid, digital, binaural, ITE	(Use when client and hearing aid does not meet the criteria for a higher powered aid. Do not bill in conjunction with monaural hearing aid.)
	V5261		Hearing aid, digital, binaural, BTE	(Use when client and hearing aid does not meet the criteria for a higher powered aid. Do not bill in conjunction with a monaural hearing aid.)

**Hearing Aid, Higher Powered, Monaural (one aid)**

	V5050	RT, LT, RP, RR	Hearing aid, monaural, in the ear	(Client and hearing aid must meet criteria outlined for a higher powered hearing aid.)
	V5060	RT, LT, RP, RR	Hearing aid, monaural, behind the ear	(Client and hearing aid must meet criteria outlined for a higher powered hearing aid.)

**Hearing Aid, Higher Powered, Binaural (two aids)**

	V5130		Binaural, in the ear	(Client and hearing aid must meet criteria outlined for a higher powered hearing aid. Do not bill in conjunction with monaural hearing aid within five years.)
	V5140		Binaural, behind the ear	(Client and hearing aid must meet criteria outlined for a higher powered hearing aid. Do not bill in conjunction with monaural hearing aid within five years.)

**Hearing Aid, Higher Powered, Digitally Programmable, Monaural (one aid)**

N	V5246	RT, LT, RP	Hearing aid, digitally programmable analog, monaural, ITE	(Client and hearing aid must meet criteria outlined for a higher powered hearing aid.)
N	V5247	RT, LT, RP	Hearing aid, digitally programmable analog, monaural, BTE	(Client and hearing aid must meet criteria outlined for a higher powered hearing aid.)

## Hearing Aids & Services - Children

### Hearing Aid, Higher Powered, Digitally Programmable, Binaural (two aids)

N	V5252		Hearing aid, digitally programmable, binaural. ITE	(Client and hearing aid must meet criteria outlined for a higher powered hearing aid. Do not bill in conjunction with monaural hearing aid within five years.)
N	V5253		Hearing aid, digitally programmable, binaural. BTE	(Client and hearing aid must meet criteria outlined for a higher powered hearing aid. Do not bill in conjunction with monaural hearing aid within five years.)

### Replacement Ear Molds

	V5264	RP	Ear mold/insert, not disposable, any type	Initial and replacement hearing aid(s) includes ear mold. Do not bill separately. HRSA covers only <b>replacement</b> of ear molds.
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### FM System

	V5274		Assistive listening device, not otherwise specified	Requires EPA. See page E.7 for criteria. Copy of cost invoice required.
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**Note:** For codes V5050, V5060, V5130, V5140, V5246, V5247, V5252 and V5253, the client and hearing aid (for the aided ear) must meet the outlined criteria for higher powered hearing aids in Section E.

## **EPA – Limitation Extension for Adults**

### **Hearing Aids - Adults**

**Procedure Codes: V5050, V5060, V5246, and V5247**

**870000600**     **Second Hearing Aid** for clients 21 years of age and older, when auditory screening shows an average hearing of **90 dBHL\*** or greater in the aided ear at 1000, 2000, 3000 and 4000 Hz and has one or more of the following documented in the client's medical records:

- 1) Inability to hear has caused difficulty with job performance;
- 2) Inability to hear has caused difficulty in functioning in the school environment; or
- 3) Client is legally blind.

**\* Note:** MAA reimburses for a **more powerful aid** when the client has severe-profound hearing loss, or a progressive hearing loss. A more powerful aid must have the following:

- A directional microphone; and
- An internal noise control; and
- A feedback control cancellation (not feedback management); or
- A more powerful aid can be analog or digital and must be digitally programmable.

### **Hearing Aids - Adults**

**Procedure Codes: V5256, V5257 \***

**870000601**     **Second Hearing Aid** for clients 21 years of age and older, who have tried to adapt with one hearing aid for a **period of 6 months**, whose auditory screening shows an average hearing of **50 dBHL** or greater in both ears at 1000, 2000, 3000, and 4000 Hz and one or more of the following is documented in the client's records:

- 1) Inability to hear has caused difficulty with job performance;
- 2) Inability to hear has caused difficulty in functioning in the school environment; or
- 3) Client is legally blind.
- 4)

**\* Note:** After waiting 6 months, only a monaural procedure code is authorized. Billing a binaural code in conjunction with monaural code within 5 years is not allowed without justification and prior approval.

#### **Modifiers**

LT = Left

RT = Right

RP = Replacement

RR = Rental

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## **EPA – Limitation Extension for Children**

### **FM System - Children**

**Procedure Code: V5274**

**870000606**     **FM System** for clients 2-17 years of age with all of the following documented in the client's records:

- 1) Completed comprehensive clinical testing with and without an FM system **or** proven successful use of an FM system in school; **and**
- 2) A diagnosis of apraxia, severe bilateral hearing loss not adequately benefited with hearing aids, auditory neuropathy, other "central" processing problems, **or** multiple handicaps; **and**
- 3) Average hearing of 50 dBHL or greater at 1000, 2000, 3000, and 4000 Hz.; **and**
- 4) Prescribed by an audiologist.

**Modifiers**

LT = Left

RT = Right

RP = Replacement

RR = Rental

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**Authorization**

The Hearing Aids and Services Fee Schedule (previously found on pages G.1 – G.8) is now located in the appendix. To view or download the Fee Schedule, click [Appendix](#).

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**Health & Recovery Services Administration (HRSA)**

**Hearing Aids and Services Fee Schedule**

**Effective July 1, 2006**

[Link To Legend For Code Status Indicator](#)

<b>Code Status Indicator</b>	<b>Code</b>	<b>Modifier</b>	<b>Comments</b>	<b>Maximum Allowable Fee</b>
	V5008			#
	V5010			#
	V5011			#
R	V5014	RT, LT for hearing aid RP for casing only	Analog	\$91.91
R	V5014	RT, LT for hearing aid RP for casing only	Digital	\$138.37
	V5020			#
R	V5030	RT, LT or RP		\$433.09
R	V5040	RT, LT or RP		\$433.09
R	V5050	RT, LT or RP		\$751.19
R	V5050	RR		\$29.17
R	V5060	RT, LT or RP		\$770.63
R	V5060	RR		\$29.17
	V5090			#
	V5095			#
	V5100			\$942.79
	V5110			#
	V5120			#
R	V5130			\$1,502.38
R	V5140			\$1,580.12
	V5170			#
	V5180			#
	V5200			#
	V5210			#
	V5220			#
	V5240			#
	V5241			#
	V5242			#
	V5243			#
	V5244			#
	V5245			#
N	V5246			\$751.19
N	V5247			\$770.63
	V5248			#
	V5249			#
	V5250			#
	V5251			#
N	V5252			\$1,502.38
N	V5253			\$1,580.12
	V5254			#

CPT codes and descriptions are copyright 2005  
by the American Medical Association.

**Health & Recovery Services Administration (HRSA)**

**Hearing Aids and Services Fee Schedule**

**Effective July 1, 2006**

[Link To Legend For Code Status Indicator](#)

<b>Code Status Indicator</b>	<b>Code</b>	<b>Modifier</b>	<b>Comments</b>	<b>Maximum Allowable Fee</b>
	V5255			#
R	V5256	RT, LT or RP		\$453.38
R	V5257	RT, LT or RP		\$492.23
	V5258			#
	V5259			#
R	V5260			\$906.72
R	V5261			\$984.47
	V5262			#
	V5263			#
R	V5264	RP		\$38.87
	V5265			#
	V5266			#
	V5267			#
	V5268			#
	V5269			#
	V5270			#
	V5271			#
	V5272			#
	V5273			#
R	V5274		FM System	\$2,277.04
	V5275			#
	V5298			#
	V5299			#

**Code Status Indicators**

D = Discontinued Code

N = New Code

P = Policy Change

R = Rate Update

**Modifiers In This Fee Schedule**

RT = Right

LT = Left

RP = Repair

RR = Rental

**Legend**

# = Not Covered